

# ***Enrollee Satisfaction, 2006***

*Wisconsin Medicaid/BadgerCare HMO Program*

*Executive Summary Report  
Based on CAHPS 3.0  
Medicaid Adult & Child Survey*

*Findings and Recommendations*

*State of Wisconsin  
Department of Health and Family Services*

*Prepared by:  
Gary R. Ilminen, RN  
Nurse Consultant, BMHCP*

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### Key to HMOs for Individual HMO charts:

ABH	Abri Health Plan
CHP	CompCare Health Plan
DHP	Dean Health Plan*
GHC	Group Health Cooperative-South Central*
GHE	Group Health Cooperative-Eau Claire
HTP	Health Tradition Health Plan
MCP	MercyCare HMO*
MHS	Managed Health Services
NHP	Network Health Plan
SHP	Security Health Plan*
UHC	UnitedHealthcare*
UHP	Unity Health Plans*

\*This HMO is fully accredited by the National Committee for Quality Assurance (NCQA®).

Note: Valley Health Plan, which appeared in the 2004 survey report no longer participates in Medicaid/BadgerCare. CompCare Health Plan has replaced Atrium Health Plan. Abri Health Plan joined the program since the 2004 survey. Touchpoint Health Plan merged with UnitedHealthcare January, 2006. Touchpoint is no longer available.

## INTRODUCTION

This report presents the results of key areas covered by a survey of Wisconsin Medicaid/BadgerCare HMO enrollees using a tool called CAHPS® (Consumer Assessment of Health Plans).<sup>1</sup> One version of the survey was used when asking about children enrolled in the HMO, another version was used for adults. The results in this report reflect the data on both combined. The survey was administered by a third party under contract with the Wisconsin Department of Health and Family Services.

This report presents information on key indicators selected by the Division of Health Care Financing (DHCF) Quality Assessment Committee that provide insight on enrollee satisfaction in areas important to consumers, such as access to care, HMO customer service, ratings of health care providers and overall quality of health care. The report includes data about overall program performance, trends over time, as well as data on key indicators comparing performance by individual HMOs.

The complete report includes details about the survey method, the questionnaire and data tables upon which the charts in this Executive Summary are based. The complete survey report is available from the Department of Health and Family Services address listed at the end of this introduction.

This report provides comparisons with the survey results obtained in 2006 on selected similar or identical survey questions when the CAHPS® survey was administered statewide in 1999, 2002 and 2004.

The data comparisons are part of the process used for identification of system-wide or HMO-specific performance improvement opportunities. System-wide performance improvement initiatives are implemented through the Medicaid Quality Assessment/Performance Improvement strategic plan. HMO-specific performance improvement initiatives are implemented by individual HMOs. Performance improvement initiatives may be implemented in response to performance improvement opportunities. A "performance improvement opportunity" generally exists if the data indicates lower performance on that indicator relative to other indicators, if performance is significantly lower than the Wisconsin average on that indicator, or if performance has declined significantly compared to prior results.

Analysis of the results for the topics included in this report is useful for targeting performance improvement efforts in specific program areas, such as access to care, HMO member service and ratings of health care providers as well as overall quality of health care.

Please note that the scales used are not identical from graph to graph. This allows clearer visualization of differences of values where the range of values may be small, but for this reason, side-by-side comparison of charts cannot be made.

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<sup>1</sup> CAHPS is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. government agency.

Gary R. Ilminen, RN, prepared this report. The report was prepared under the overall direction of Angela Dombrowicki, Director, Bureau of Managed Health Care Programs and Richard Carr, MD, MS, Chief Medical Officer, Division of Health Care Financing.

Requests for additional copies of this report or of the full report may be addressed to:

Wisconsin Department of Health and Family Services  
Division of Health Care Financing  
Bureau of Managed Health Care Programs  
Dawn Schemenauer  
1 W. Wilson Street, Room 265  
P.O. Box 309  
Madison, WI 53701-0309

Phone 1-608-261-7797  
e-mail: [schemdl@dhfs.state.wi.us](mailto:schemdl@dhfs.state.wi.us)

Questions or comments on this report may be addressed to:

Wisconsin Department of Health and Family Services  
Division of Health Care Financing  
Bureau of Managed Health Care Programs  
Gary R. Ilminen, RN  
P.O. Box 309  
Madison, WI 53701-0309

Phone: (608) 261-7839  
e-mail: [ilmingr@dhfs.state.wi.us](mailto:ilmingr@dhfs.state.wi.us)

## EXECUTIVE SUMMARY AND KEY FINDINGS

During 2006, the Wisconsin Department of Health and Family Services had contracts with 12 health maintenance organizations (HMOs) to provide health services for individuals eligible for Medicaid. Since July 1999, individuals in the BadgerCare program have also been enrolled in Medicaid HMOs. Medicaid and BadgerCare enrollees are served in both managed care (HMO) and the fee-for-service delivery systems.

For this survey, 11,550 Wisconsin Medicaid/BadgerCare HMO enrollees who were continuously enrolled in the same HMO for at least six months were selected for voluntary participation. An average of 965 enrollees from each of the HMOs was randomly selected for the survey.

The survey was administered by mail and telephone with accommodation for Spanish - speaking enrollees. The overall response rate was 31.2 percent.

Medicaid/BadgerCare serves a culturally diverse population with a wide range of needs. The table below summarizes the population represented by those who responded to the survey.

Program	Race/ethnicity (Percentage of respondents)						Language spoken in home (Percentage of respondents)		
	African American	Asian	Native American	Latino	White	Multi-cultural & other	English	Spanish	Other
Medicaid/Badger-Care	12.9	2.77	1.06	10.4	66.94	7.6	92.9	4.5	2.6

The table below describes the distribution of survey respondents by age. The majority of survey respondents were under age 45 years.

Program	Respondent age in years (Percentage of respondents)							
	0-18	19-24	25-34	35-44	45-54	55-64	65-74	75+
Medicaid/BadgerCare	64.7	6.6	12.4	10.0	4.9	0.7	0	0

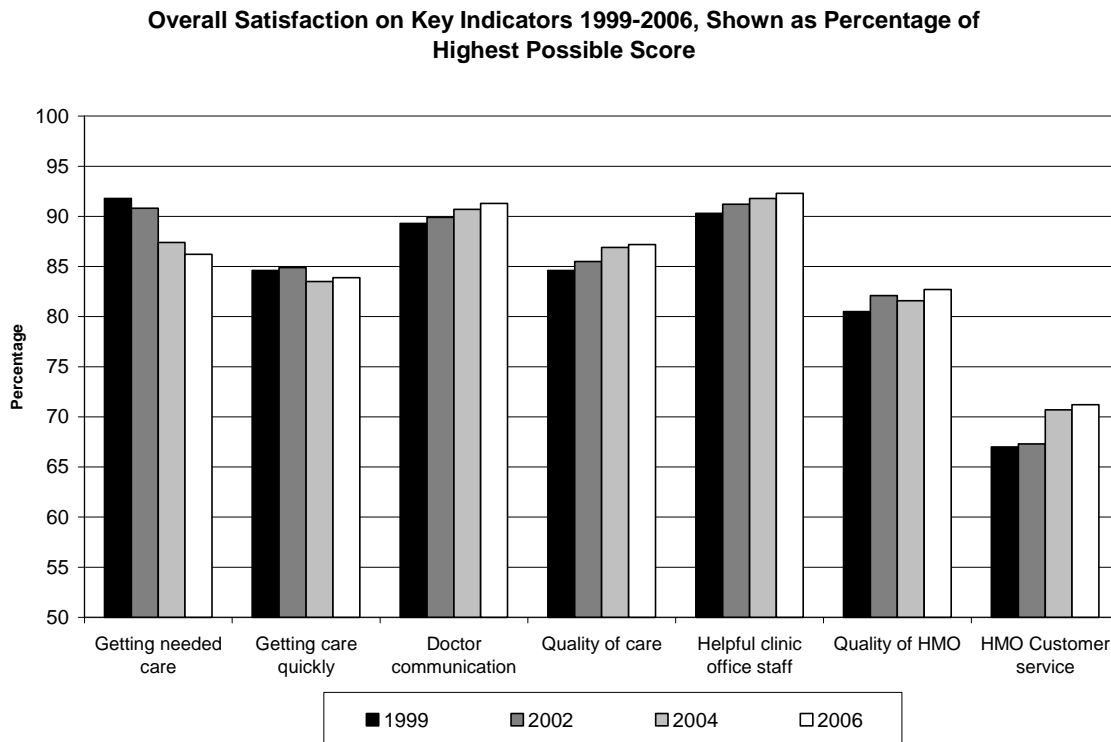
Most respondents were female; 59.8 percent. Male respondents comprised 38.2 percent of the survey responses.

## Overall HMO results compared

Overall enrollee satisfaction ratings improved for five of the seven indicators between 1999 and 2006.

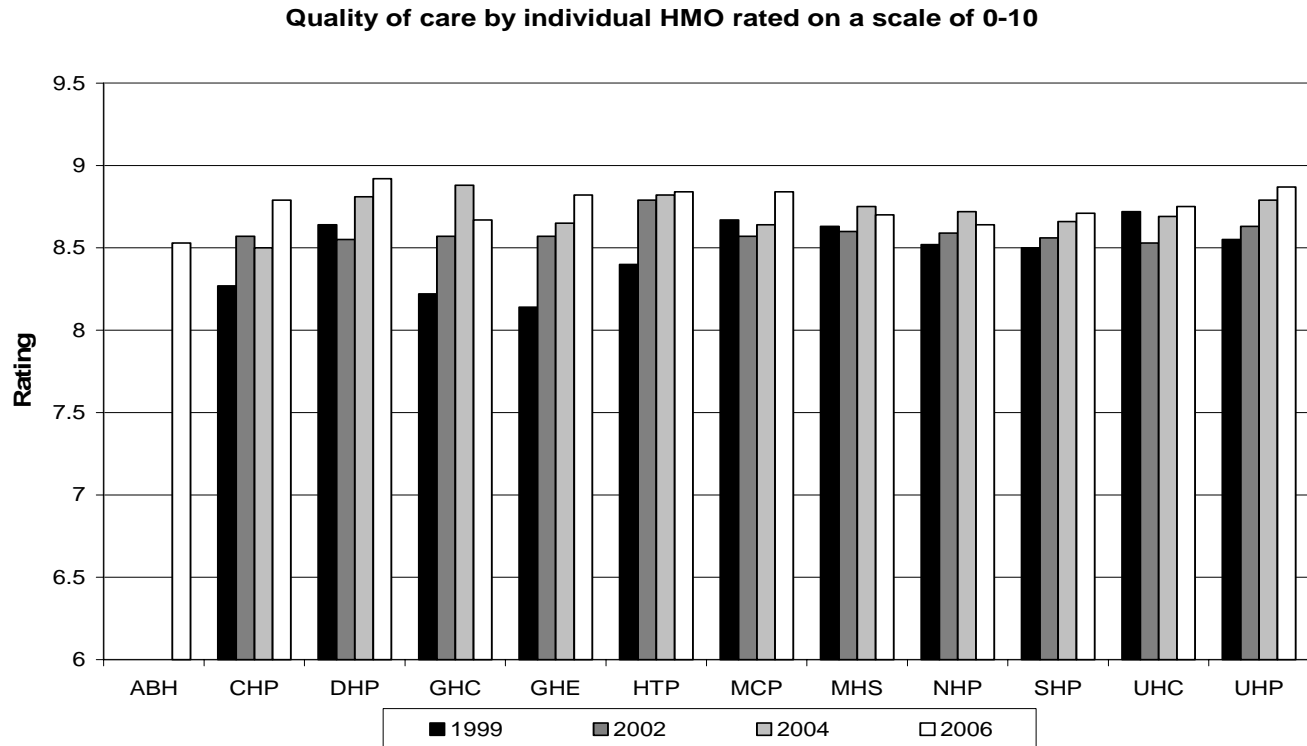
However, satisfaction continued to trend downward on two indicators; getting needed care and getting needed care quickly, despite a small improvement in the latter over 2004. Further analysis is necessary to assess factors affecting satisfaction with access.

The chart below illustrates the overall satisfaction ratings on each survey since 1999 on the seven key indicators with the responses expressed as a percentage of the highest rating possible for each indicator.



Note: Results for 2006, 2004 and 2002 have been adjusted to reflect the probability of being selected from one HMO versus another that may have differing enrollment size and characteristics. Weighting was not performed on 1999 results.

## 2006 COMPARISON OF INDIVIDUAL HMO PERFORMANCE DATA ON SELECTED KEY INDICATORS



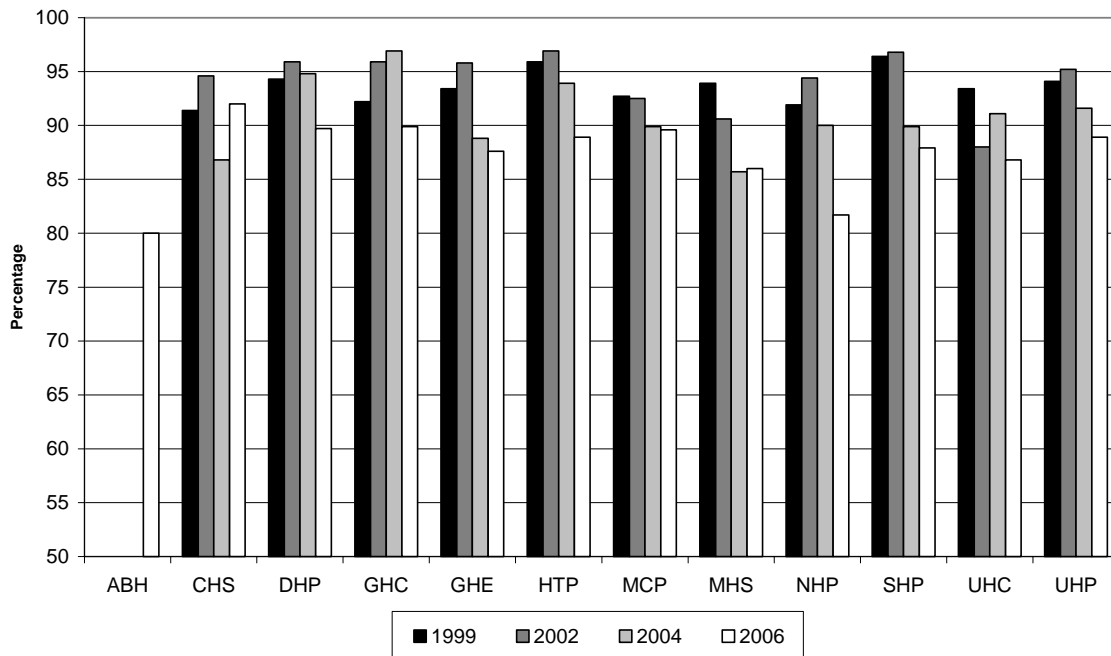
Enrollee satisfaction ratings for overall quality of care increased in 11 of 12 HMOs between 1999 and 2006; the twelfth was not in the program in 1999. Three HMOs (Group Health Cooperative-South Central, Managed Health Services, Network Health Plan,) had slight decreases in their ratings since 2004, but remained above 1999 levels.

The chart reflects the average rating each HMO received from its enrollees asked to rate the quality of care they received on a scale of 0 to 10, where 0 is the worst and 10 is the best care. The average rating across HMOs in 2006 was 8.76; in 2004, it was 8.73.

Dean Health Plan had the highest performance rating on this indicator (8.92), Abri Health Plan had the lowest rating on this indicator (8.53). This narrow gap between the highest rated and lowest rated plans indicates that overall enrollee satisfaction with quality of care is both quite high and consistent across HMOs.

NOTE: HMO abbreviation key is on page 4. Results for 2006, 2004 and 2002 were weighted for age, health rating, education, sex and race population differences. Results for 1999 were adjusted for age, health rating and education.

### Satisfaction with Getting Needed Care

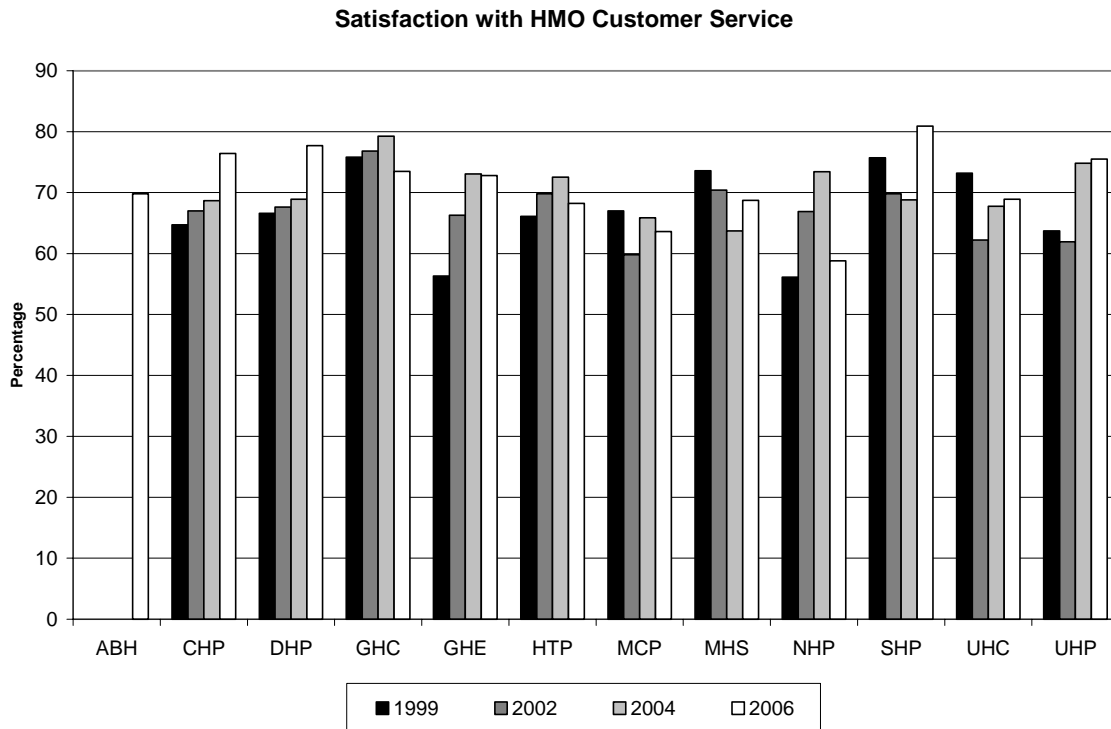


"Getting needed care" is an indicator that reflects enrollee satisfaction with access to care. The percentage of respondents who indicated that getting needed care was either "not a problem" or a "small problem," which would indicate satisfactory access to care, declined in ten health plans since 1999.

The program-wide average on this indicator was 87.4 percent in 2006, down from the 2004 average of 90.6 percent.

CompCare had the highest satisfaction ratings on this indicator—92 percent; Abri Health Plan, a new participant in the Medicaid program had the lowest rating at 80.0 percent.

NOTE: HMO abbreviation key is on page 4.



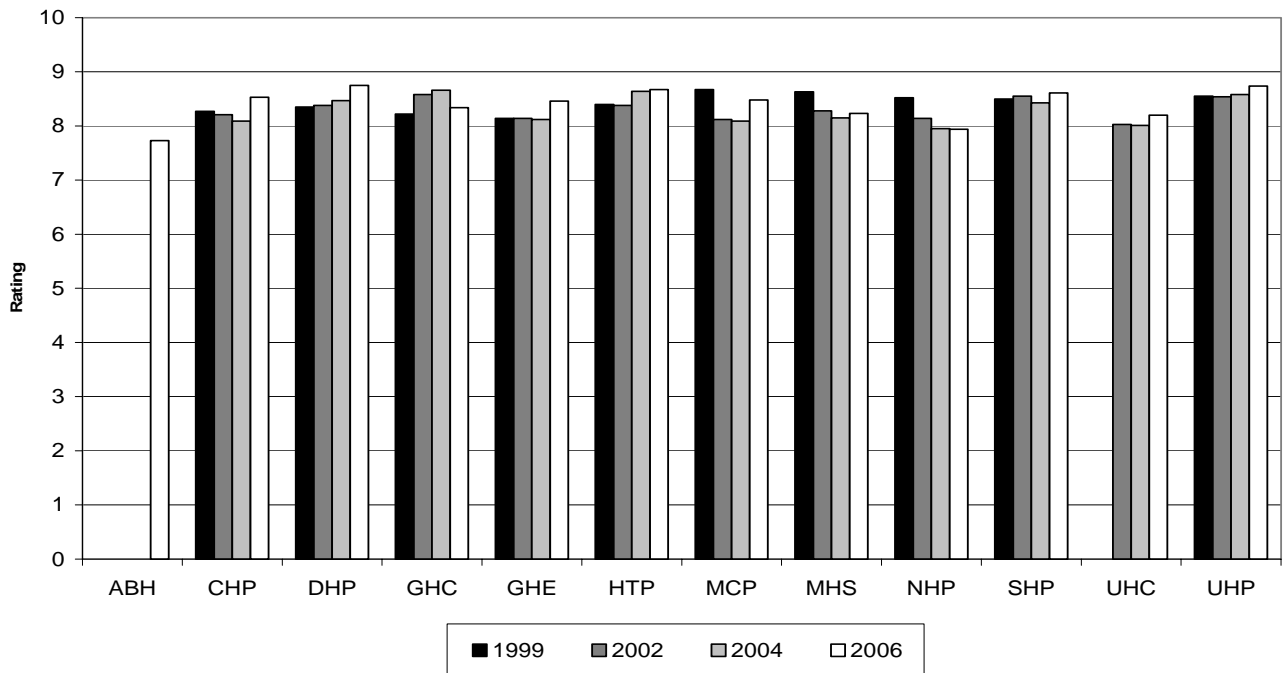
HMO customer service was identified as a performance improvement opportunity in the 1999 Medicaid satisfaction survey. Since then, seven HMOs have shown improvement compared to 1999, and substantial improvement was indicated in 2006 for four health plans.

Four HMOs have shown small net declines since 1999.

Security Health Plan had the highest satisfaction rating on this indicator (80.9 percent). Network Health Plan had the lowest rating (58.8 percent), however, that plan has shown improvement in its ratings on the indicator since 1999. The average rating across all HMOs in 2006 was 71.2 percent.

NOTE: HMO abbreviation key is on page 4.

**Rating of Health Plan on a Scale of 0-10**



Satisfaction with Medicaid/BadgerCare HMOs has remained quite high from 1999 to 2006, with eight HMOs showing improvement on the indicator over that time. Three plans had small declines in that period, but two of the three had improvement from 2004 to 2006. Only one health plans had a small decline since 2004.

Dean Health Plan had the highest overall rating (8.75) followed closely by Unity Health Plan (8.71). Abri Health Plan had the lowest overall rating at 7.68, but it is a new participant in the program.

The program-wide average was 8.38.

NOTE: HMO abbreviation key is on page 4. Results for 2006, 2004 and 2002 weighted for age, health rating, education, sex and race population differences. Results for 1999 were corrected for age, health rating and education.

